

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/551264*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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5	/		/			
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7		/		/		
8		2		/		
9		2		/		
10		0		/		
11		0		/		
12		0		/		
13	/		/			
14		1		/		
15		2		/		
16		2		/		
17		0		/		
18		0		/		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	21	←	17	←		←
TOTAL CLAIMS	25		21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						